Exhibit 2

<u>United States District Court for the Eastern District of New York</u> Campbell, et al. v. Bukhari Group LLC, et al., No. 22 Civ. 2813

CLAIM FORM

[Name]	
[Street]	
City, S	tate Zip]

YOUR ESTIMATED SETTLEMENT SHARE: If you properly submit this Claim Form by the deadline, you should receive approximately \$______, minus applicable taxes. This settlement money relates to your share of the claims brought under the federal law known as the Fair Labor Standards Act.

DEADLINE: To receive your settlement payment, you must complete, sign, and return this Claim Form in the enclosed pre-paid envelope. Your Claim Form must be postmarked or received on or before [75th day from mailing]. If you lose the envelope, you can mail the Claim Form to the below address. You may also return the Claim Form by fax or e-mail to the Settlement Administrator.

Pop	eye's Settlen	nent	
c/o <mark>Xpand</mark>	Legal Consu	ılting L	LC
-			
Email:	@		

CHANGE OF ADDRESS: If you change your address, please inform Settlement Administrator of your new address. It is your responsibility to keep a current address on file with Settlement Administrator.

RELEASE: By signing, dating, and returning this Claim Form, you agree to be bound by the Settlement Agreement, and you will release all related wage-and-hour claims alleged in the Complaint, arising before July 29, 2022, from your employment with Defendants 4399 Bronx Chicken LLC, Baychester Chicken BG LLC, 3555 White Plains BG LLC, 3411 Jerome Ave Corp., and Coney Food of NY LLC, under the Fair Labor Standards Act, 29 U.S.C. §§ 201 *et seq.* Additionally, by not opting out of the settlement, you will release all wage-and-hour claims alleged in the Complaint, arising between May 13, 2016 and July 29, 2022, from your employment with Defendants 4399 Bronx Chicken LLC, Baychester Chicken BG LLC, 3555 White Plains BG LLC, 3411 Jerome Ave Corp., and Coney Food of NY LLC, during the Relevant Period, pursuant to the New York Labor Law and Fair Workweek Law of New York City.

CONSENT TO JOIN: In addition, by returning this Claim Form you consent to join this case as a party plaintiff under the Fair Labor Standards Act.

Date	Signature	
	Name (Printed)	

YOU MUST SUBMIT THIS FORM BY [75 DAYS FROM MAILING]
TO BE ELIGIBLE FOR PAYMENT.